



PTO/SB/96 (11-04)

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21906

OR

Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

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Assignee Name and Address:

Gallitzin Allegheny LLC
171 Main Street #271
Los Altos, CA 94022

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee or Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature		Date NOV 15, 2004
Name	Julia Cefalo	Telephone
Title	Authorized Person	

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